



Town of Mashpee

Board of Health
16 Great Neck Road North
Mashpee, Massachusetts 02649
(508) 539-1426

Permit: # _____

Permit Exp. Date _____

Fee: \$100.00

APPLICATION FOR BODYWORK FACILITY PERMIT

NAME OF FACILITY: _____

LOCATION ADDRESS: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

SOCIAL SECURITY NUMBER OR FEDERAL ID: _____

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NUMBER OF THERAPY ROOMS: _____

NUMBER OF LICENSED THERAPISTS PRACTICING IN THIS LOCATION: _____

If this facility is owned / operated by another person or corporation, give the name(s)
and address of the individual(s) involved:

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DATE: _____

APPLICANT NAME/TITLE: _____

ADDRESS: _____

PHONE NUMBER: _____

*** Any change to the above information requires notification to the Board of Health**